

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Bureau of Quality Assurance and Improvement



QUALITY SERVICE REVIEW
Final Report for
Seacoast Mental Health Center

Issued February 24, 2020

Acknowledgements

The Department of Health and Human Services, Bureau of Quality Assurance and Improvement (BQAI) acknowledges the significant effort the Seacoast Mental Health Center staff made to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. BQAI also thanks the CMHC QSR review team, which included staff from BQAI and staff from the Division of Behavioral Health.

Table of Contents

Acronyms	
Executive Summary	i
I. Background	1
II. Purpose.....	2
III. QSR Process Overview	3
IV. QSR Methodology	3
V. Seacoast Mental Health Center QSR Findings	8
VI. CMHA Substantive Provisions	47
VII. Areas in Need of Improvement.....	54
VIII. Next Steps	55
IX. Addendum.....	55
References	58
Appendices	

Acronyms

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
BQAI	Bureau of Quality Assurance and Improvement
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OCR	Overall Client Review
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMHC	Seacoast Mental Health Center
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

Executive Summary

The NH Department of Health and Human Services (DHHS), Bureau of Quality Assurance and Improvement (BQAI) developed a Quality Service Review (QSR) process, in consultation with Representatives of the Plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, BQAI developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 quality indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted Seacoast Mental Health Center's (SMHC) QSR in Portsmouth and Exeter from December 9 through December 13, 2019. The first two days consisted of record reviews conducted remotely in Concord and the final three days consisted of client and staff interviews in the Portsmouth and Exeter offices. The SMHC QSR sample included 21 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of December 1, 2018 through December 8, 2019. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

SMHC received a score of 80% or greater for 14 of the 18 quality indicators. The following four quality indicators were identified as areas in need of improvement:

Quality Indicator 9: Appropriateness of employment treatment planning

Quality Indicator 13: Adequacy of crisis assessment

Quality Indicator 15: Comprehensive and effective crisis service delivery

Quality Indicator 17: Implementation of ACT services

Due to the low number of individuals scored for Quality Indicator 13 and Quality Indicator 15, SMHC is not being required to submit a new Quality Improvement Plan (QIP) in those areas. Instead, SMHC is being asked to continue implementing an existing action step culled from SMHC's QIP in these areas from last year for both Indicators. SMHC may also add additional action steps to both areas if they would like. SMHC is required to submit a QIP to DHHS for the remaining two quality indicators identified as needing improvement, Quality Indicator 9 and Quality Indicator 17.

Table 1: Seacoast Mental Health Center QSR Summary Results

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	21	94%	No	4
2. Appropriateness of treatment planning	21	100%	No	3
3. Adequacy of individual service delivery	21	90%	No	6
4. Adequacy of housing assessment	21	100%	No	1
5. Appropriateness of housing treatment planning	21	90%	No	1
6. Adequacy of individual housing service delivery	21	86%	No	3
7. Effectiveness of the housing supports provided	21	90%	No	5
8. Adequacy of employment assessment/screening	21	81%	No	2
9. Appropriateness of employment treatment planning	9*	67%	Yes	1
10. Adequacy of individualized employment service delivery	14*	82%	No	2
11. Adequacy of assessment of social and community integration needs	21	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	21	84%	No	13
13. Adequacy of crisis assessment	3*	58%	No**	4
14. Appropriateness of crisis plans	21	93%	No	2
15. Comprehensive and effective crisis service delivery	1*	75%	No**	5
16. Adequacy of ACT screening	21	100%	No	2
17. Implementation of ACT Services	12*	79%	Yes	4
18. Successful transition/discharge from inpatient psychiatric facility	5*	86%	No	7

* Individuals not applicable to the quality indicator were excluded from scoring.

** SMHC is not required to develop a new QIP, but SMHC will be asked to continue progress on existing action steps from the FY19 QIPs.

I. Background

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider, and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration, and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).

II. Purpose

The NH Department of Health and Human Services (DHHS), Bureau of Quality Assurance and Improvement (BQAI) developed a QSR process in consultation with Representatives of the Plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly data reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

III. QSR Process Overview

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC and BQAI. During the on-site period, daily contact occurs with QSR reviewers to ensure consistent practice and inter-rater reliability, and assistance is sought from the CMHC staff if needed. During the post on-site period, follow-up tasks required of the CMHC are completed and BQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

IV. QSR Methodology

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

Sample Size and Composition

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Sample lists may then be reviewed to determine if there are individuals who had admissions at inpatient behavioral health units other than New Hampshire Hospital and the Designated Receiving Facilities, and those individuals are moved to the ACT/IPA and NO ACT/IPA lists as appropriate. Additionally, information gathered during the interview scheduling and site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

Evidence during the first year of administering the QSR demonstrated that the final sample category re-assignment tended toward re-assignment into the fourth *No ACT/No IPA* sample category identified above. This resulted in an over-representation of the *No ACT/No IPA* sample category at the completion of the QSR. As a result, the CMHC is now provided only with individuals assigned to the first three sample categories, *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* to ensure a more balanced representation in all four categories once the final re-assignment of the categories is made at the completion of the QSR.

Data Sources

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff are given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

Scoring

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a "YES." The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual's needs and preferences (performance measure 1a), identify an individual's strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as "YES" (positive) or "NO" (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as "YES." The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: QSR Abbreviated Master Instrument). In some cases, the individual’s response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual; therefore, the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable quality indicators, e.g., OCR Q1 “Is the frequency and intensity of services consistent with the individual’s demonstrated need?” is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: QSR Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC’s compliance with the CMHA substantive provisions (see CMHA

Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of “YES” measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

- Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;
- Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;
- Employment Services and Supports: Quality Indicators 8, 9, and 10;
- Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;
- Crisis Services and Supports: Quality Indicators 13, 14, and 15;
- ACT Services: Quality Indicators 16, and 17; and
- Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

QSR Findings and Conclusions

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data and may inform particularly low scoring measures within a quality indicator or outlier data. Conclusions include an assessment of the CMHC’s achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

Quality Improvement Plan and Monitoring

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for BQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, Representatives of the Plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any quality indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY18, less than 75% for SFY19, and less than 80% for SFY20. The CMHC has 30 calendar

days to submit a QIP to DHHS for review by the BMHS Director and the BQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and BQAI each quarter. BMHS and BQAI will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

V. Seacoast Mental Health Center QSR Findings

Seacoast Mental Health Center QSR Overview

The SMHC QSR was conducted at the SMHC offices in Portsmouth and Exeter. Additional information about SMHC is found in Appendix 4: Agency Overview. One hundred sixty-nine SMHC individuals met the QSR sample criteria. Twenty-three eligible individuals were drawn at random from the *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* categories to be interviewed. However, only 21 individual interviews were completed. One individual was hospitalized at the time of the interviews and another changed his/her mind. Information gathered during the scheduling and site review resulted in some individuals being re-assigned to a different (the accurate) sample category, which changed the final number of individuals in each category. Table 2 shows the distribution of individuals by the sample categories as originally provided and the final adjusted groupings after interviews were completed.

Table 2: Number of Individuals by Category

	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
CATEGORY	Number	Percent	Number	Percent
ACT/IPA	17	10%	4	19%
ACT/NO IPA	48	28%	8	38%
NO ACT/IPA	10	6%	1	5%
NO ACT/NO IPA	94	56%	8	38%
Total	169	100%	21	100%

The SMHC Quality Service Review included a review of 23 clinical records, 21 individual interviews and 21 staff interviews. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

	Number In Person	Number By Phone	<i>Total</i>
Individuals Interviewed	20	1	21
Staff Interviewed	21	0	21
Clinical Records Reviewed	23	NA	23

From December 9 through December 13, 2019, five teams consisting of staff from BQAI and DBH completed the DHHS office-based and on-site data collection processes. Data was collected for the review period of December 1, 2018 through December 8, 2019. Following the on-site review, the QSR data was scored. Analysis of the scores was then completed.

A year-to-year comparison of SMHC's results are reported in Appendix 5: Year-to-Year Comparison. Of note, the threshold score for SFY18 was 70%, SFY19 was 75% and the threshold for this year is 80%.

Seacoast Mental Health Center Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. SMHC was evaluated for the adequacy of each individual's assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC's compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual's strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual's needs and goals.

Quality Indicator 1: Adequacy of Assessment

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and

identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Twenty-one individuals were scored for Quality Indicator 1. SMHC received a score of 94%.

Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify individual's needs and preferences	21	0
Measure 1b: Assessments identify individual's strengths	21	0
Measure 1c: Assessment information was gathered through face to face appointment(s) with the individual	16	5
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	21	0

Additional Results

- SMHC uses the Adult Needs and Strengths Assessment (ANSA) to assess individuals' needs and strengths. In reviewing the ANSAs within the clinical records, it was noted that some of the records had narrative summaries accompanying the ANSA numeric ratings for the assessed needs and strengths, however, several did not (CRR Q4). All 21 records had areas within the strength section scored (CRR Q6).
- Staff indicated that at least part of the assessment process was done through face-to-face interactions with 16 of the 21 the individuals interviewed (SII Q2).
- All individuals had treatment plans in which all treatment plan goals had related identified needs found in the ANSA, case management assessment, or other comparable assessment (CRR Q10).
- Overall, no individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).

Quality Indicator 2: Appropriateness of Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Twenty-one individuals were scored for Quality Indicator 2. SMHC received a score of 100%.

Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet individual's needs and goals	21	0
Measure 2b: Treatment planning is person-centered and strengths based	21	0
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	21	0

Additional Results

- If the ANSA or comparable assessment identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if SMHC has established a goal or plan to address the identified need(s). Ten individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans. Eleven individuals had less than 70% of their identified mental health needs addressed in either their case management plans or treatment plans (CRR Q9).
- The QSR also looks at the reverse, reviewing each goal in the ISP treatment plan and determining if there is a related identified need in the case management assessment or the ANSA or other comparable assessment. All individuals were found to have identified needs relating to all of their treatment goals (CRR Q10).
- From the review of individuals' quarterly assessments, nine individuals had quarterlies that identified that a modification or change in treatment or services was needed. There was

evidence to support that the identified modifications were made for all nine individuals (CRR Q15).

- The clinical record contained documentation of quarterly reviews having been completed for all quarters that fell within the period under review for all 21 individuals (CRR Q16).
- All 21 individuals responded they talked with SMHC staff in the past 12 months about their needs and goals (CII Q1), many saying they did so as often as weekly (CII Q2). All 21 individuals felt that this was often enough to speak with staff about their needs and what they wanted to work on (CII Q3).
- All 21 individuals responded that staff actively work with them on their goals (CII Q5).
- All 21 individuals indicated they were able to effectuate change to their treatment plans (CII Q8). Three individuals lacked an understanding of how their treatment plan was able to help them (CII Q9).
- Two individuals stated there were people they wished had been involved in their treatment planning who were not (CII Q7). These people included family and a roommate.
- The clinical record contained documentation of 14 individuals having signed their most recent ISP/treatment plan (CRR Q12); Twenty ISP/treatment plans included the individuals' strengths (CRR Q13); and all 21 ISP/treatment plans were written in plain language (CRR Q14).
- All 21 individuals interviewed indicated they were involved in their treatment planning and goal setting (CII Q6).
- Overall, no individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).

Quality Indicator 3: Adequacy of Individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Twenty-one individuals were scored for Quality Indicator 3. SMHC received a score of 90%.

Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with the appropriate intensity, frequency, and duration	15	6
Measure 3b: Service delivery is flexible to meet individual's changing needs and goals	18	3
Measure 3c: Services are delivered in accordance with the service provision(s) on the treatment plan	19	2
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	19	2
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	21	0
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	21	0

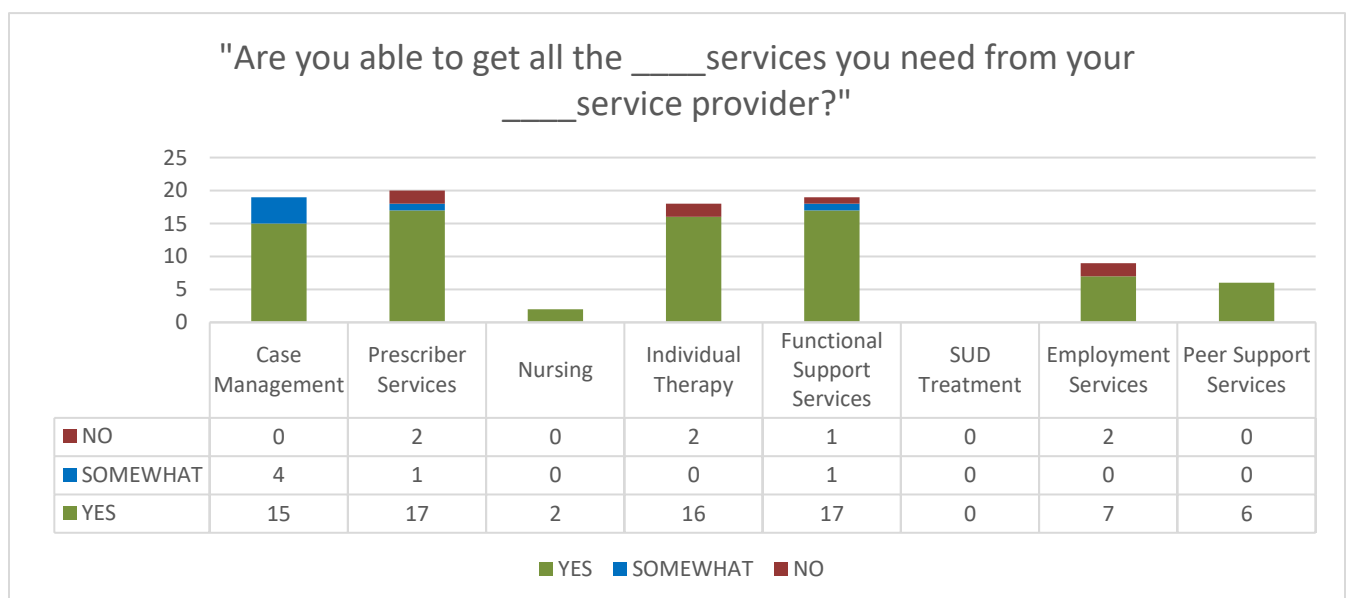
Additional Results

- Nineteen individuals responded they are able to get all the services and supports they need to meet their current needs and achieve their goals; one individual responded that he/she is “somewhat” able to get all the services and supports he/she needs to meet his/her current needs and achieve his/her goals; and one individual responded that he/she is unable to get all the services and supports he/she needs to meet his/her current needs and achieve his/her goals (CII Q19). Three individuals identified needing additional CMHC services such as therapy and case management, and help finding appropriate housing (CII Q20).
- Staff reported there were one or more services that three individuals were not receiving at the frequency prescribed on their treatment plan (SII Q5). Of those three individuals, staff indicated that one individual was declining one or more of the services (SII Q6).
- Documentation in the clinical records indicated that six of the 21 individuals were receiving 70% or more of their services at the frequency prescribed on their treatment plans (CRR Q11). Staff provided appropriate reasons for why some services were not provided at the frequency prescribed for 10 individuals (SII Q7). Additionally, six individuals were reported to be declining one or more of their services and for four individuals, prescribed services were not available to the client (SII Q7). Staff reported many areas in which there were

temporary gaps in staffing that impacted services such as therapy, Supported Employment, functional support services, and InShape.

- Overall, it was determined that two individuals reviewed were not receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1). For both of these individuals, there were clearly identified needs related to their lack of support systems and social isolation and neither individual was receiving services in this area. For one of these individuals, it was reported there was a lack of prescribed functional support services and services for identified employment needs due to concerns related to Medicaid coverage (OCR Q2)
- Overall, no individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).
- Overall, all individuals reviewed were observed to be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5).
- Individuals were asked if they were able to get all the supports and services they needed from specific staff roles, based upon which services were prescribed on their treatment plan or in which they were interested (CII Q11, CII Q12, CII Q13, CII Q14, CII Q15, CII Q61, CII Q108). Individuals were least satisfied with their employment services, with two of nine individuals stating that they did not get all the employment related services needed (See Figure 1).

Figure 1: Ability to Get All the Supports and Services Needed



HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: "A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."²

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual's ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

Quality Indicator 4: Adequacy of Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual's housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Twenty-one individuals were scored for Quality Indicator 4. SMHC received a score of 100%.

Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: Individual housing needs are adequately identified	21	0

Additional Results

- Both the ANSA and case management assessments supported that individuals' housing needs were routinely assessed. ANSAs were found for all 21 individuals (CRR Q4), and case

management assessments were found for 20 of the 21 individuals (CRR Q1). Collectively, all 21 individuals were assessed for housing needs by one or both of these means (CRR Q19, CRR Q20).

- Fourteen individuals reviewed had identified housing needs in either the ANSA or case management assessment (CRR Q21).
- Some of the commonly documented housing related needs were about finding housing, maintaining housing, budgeting, grocery shopping, cleanliness, and other related living skills (CRR Q22).

Quality Indicator 5: Appropriateness of Housing Treatment Planning

Quality Indicator 5 corresponds to CMHA section V.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Twenty-one individuals were scored for Quality Indicator 5. SMHC received a score of 90%.

Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet individual's housing needs and goals	19	2

Additional Results

- Fourteen of 21 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 14 individuals, 11 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and all 11 individuals had housing goals in alignment with their assessed housing needs (CRR Q28).
- SMHC wrote case management goals and plans in a ways that were specific to the individuals. They avoided using generic language such as “assess, link, monitor, refer” and often identified specific action steps that needed to be taken to address the identified needs (CRR Q25).

Quality Indicator 6: Adequacy of Individual Housing Service Delivery

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her housing goals.

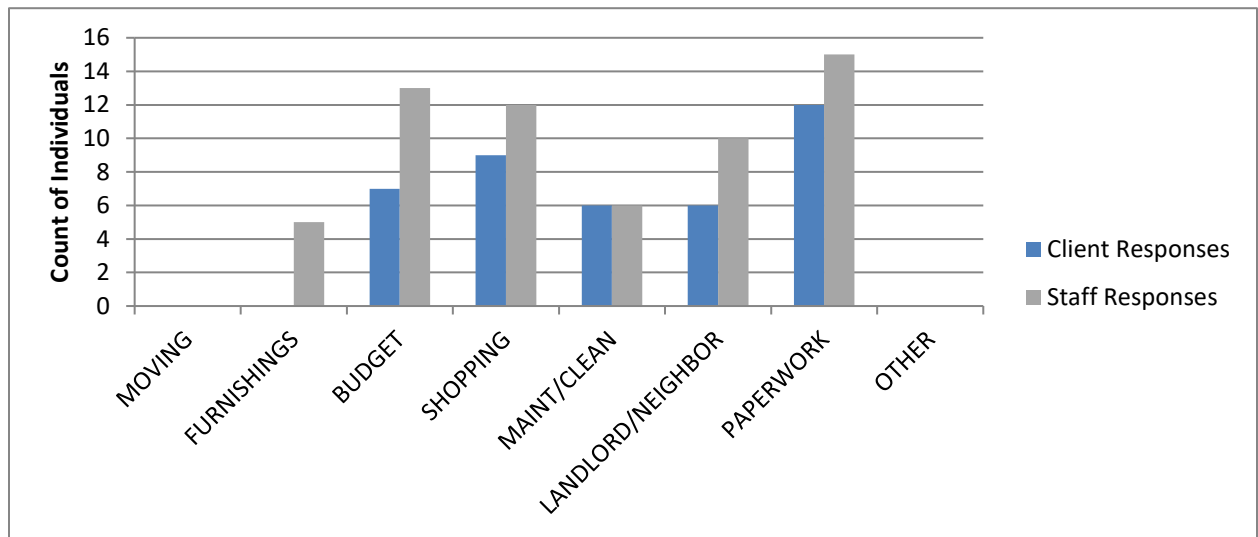
Twenty-one individuals were scored for Quality Indicator 6. SMHC received a score of 86%. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
Measure 6a: Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual's changing needs and goals	18	3
Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	15	6
Measure 6c: (OCR Q9): Services are adequate to obtain and maintain stable housing	21	0

Additional Results

- Nine of the 11 individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24) were receiving housing related services (CRR Q26). All nine were receiving housing services that were in alignment with their housing goals (CRR Q28).
- Comments from individuals regarding what else was needed to reach their housing goals included needing help decluttering, needing resources for food/groceries, and needing to meet with housing staff that he/she reported he/she was supposed to be meeting with and had not (CII Q45).
- Overall, all individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9).
- The most common housing services received by individuals were help with housing related paperwork and help with living skills such as budgeting and shopping (SII Q30, CII Q42) (see Figure 2).

Figure 2: Most Common Housing Services and Supports Received



Quality Indicator 7: Effectiveness of Housing Service Delivery

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

Twenty-one individuals were scored for Quality Indicator 7. SMHC received a score of 90%.

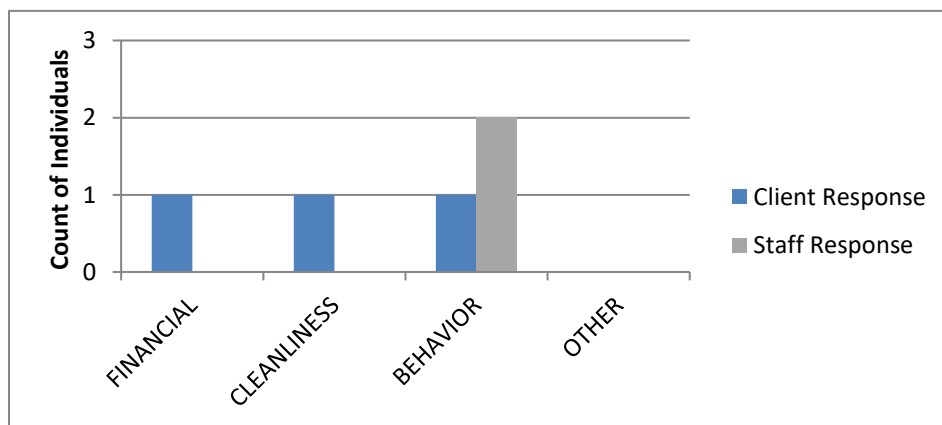
Quality Indicator 7 consists of Measures 7a-7e. Of the 21 individuals interviewed, 12 individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals	18	3
Measure 7b: Housing supports and services enable individual to maintain safe housing	20	1
Measure 7c: Housing supports and services enable individual to maintain stable housing	19	2
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	5	4
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	21	0

Additional Results

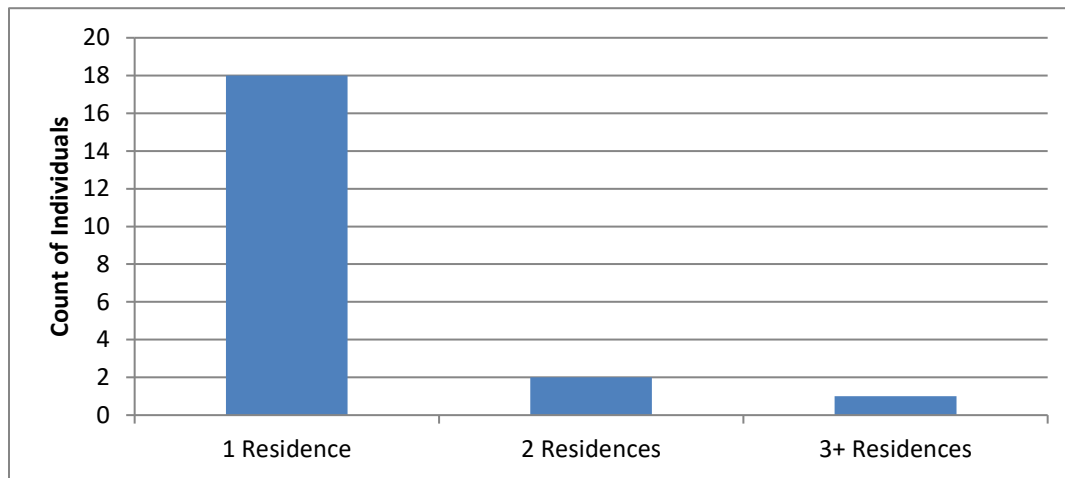
- Two of 21 individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q29). One individual reported feeling that another individual in the building was acting inappropriately towards others and the second individual reported a fear of people coming into the building without authorization. Staff responded that they were not aware of any safety concern related to housing for individuals interviewed (SII Q22). One of the two individuals identified the safety concern as being current (CII Q30).
- Twenty individuals are living in independent private residences and one individual lives in residential care (CII Q27, SII Q20).
- Three individuals responded they were homeless at some point in the past 12 months (CII Q33).
- A total of three unduplicated individuals were at risk of losing housing in the past 12 months per individual and staff responses (CII Q31, SII Q24). The most common reasons mentioned were related to individuals' behaviors (CII Q32, SII Q25) (see Figure 3). Concerns mentioned were individuals having trouble with hoarding and keeping their home clean, as well as fighting with family who have the authority to say an individual cannot live there anymore.

Figure 3: Reasons for Being at Risk of Losing Housing in the Past 12 Months



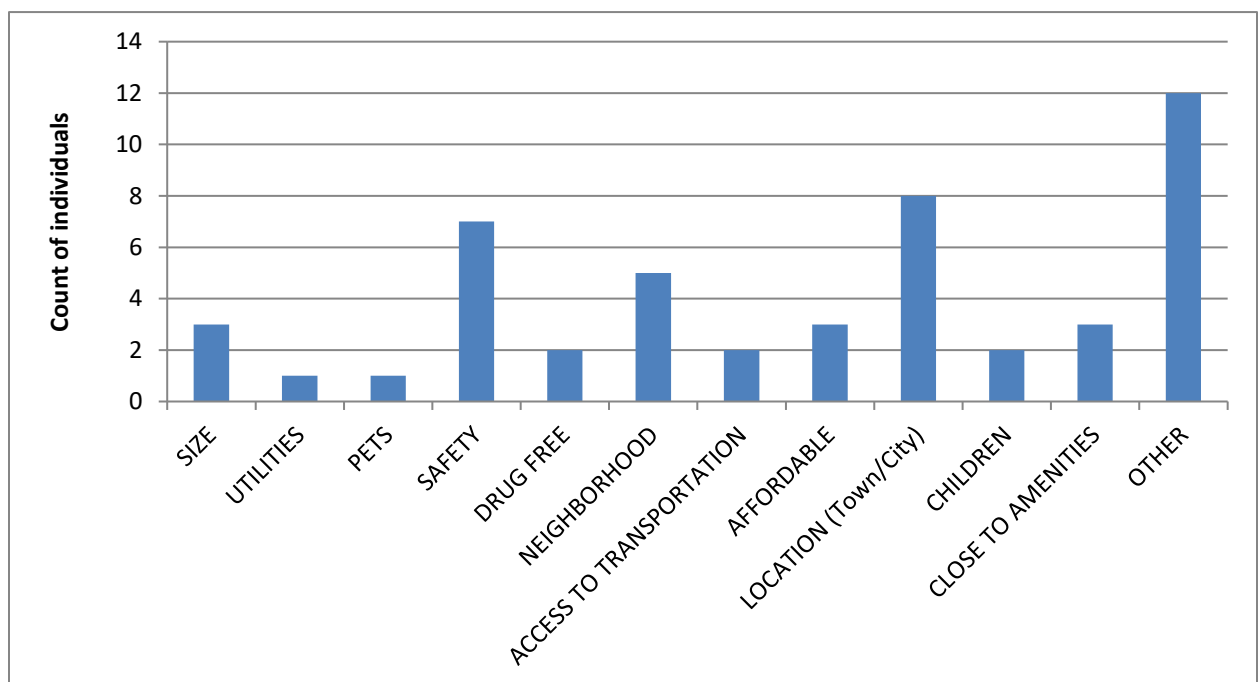
- Eighteen individuals had lived in the same residence for the past year or more (CII Q34) (see Figure 4).

Figure 4: Places Lived in the Past Year



- The most common responses made by individuals regarding the factors most important to them when choosing a place to live were location, safety, and the neighborhood (CII Q40). Some of the more specific reasons given that were categorized as “other” were the reputation of the apartment complex, amount of privacy, specific lighting, a particular floor (e.g. first floor unit), maintenance services, near family, and in a good school district (see Figure 5).

Figure 5: Preferences When Choosing Where to Live



- Overall, it was determined that all individuals were receiving services adequate to obtain and maintain stable housing (OCR Q9).

- Some individuals had additional information they chose to share regarding housing services (CII Q46). Most individuals felt SMHC was very helpful with housing while some felt SMHC could do more. Some thoughtfully recalled how staff had helped them several years ago to find appropriate housing.

“When I did transition to where I am now, they helped tremendously in the aspect of making sure everything was organized and ready to go...It was the ACT team that helped me. They made sure everything was coordinated between my roommate and myself.”

“They could step up their game on housing. They are really patient and friendly but could help a bit more with housing.”

“So far, they seem like they take the bull by the horn. They found me an apartment in a couple days.”

EMPLOYMENT SERVICES AND SUPPORTS

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

Quality Indicator 8: Adequacy of Employment Assessment/Screening

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual’s interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to

achieve the individual's employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Twenty-one individuals were scored for Quality Indicator 8. SMHC received a score of 81%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 21 individuals interviewed, 13 individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals were enrolled in Supported Employment during the period under review (CRR Q29). Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	17	4
Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	7	1

Additional Results

- Four individuals responded they had not been asked by SMHC staff in the past 12 months about their employment goals or interests (CII Q52).
- There was evidence in the clinical record that all 21 individuals had been assessed/screened for employment needs (CRR Q30, CRR Q31).
- Of the nine individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53, CII Q54), two did not have employment needs identified in either the ANSA or the case management assessment (CRR Q32). There were six individuals with identified employment needs who expressed that they had not been interested in receiving help from the CMHC with finding or keeping a job in the past 12 months.
- Of the eight individuals who were enrolled in supported employment during the period under review (CRR Q29), seven individuals had a completed comprehensive employment assessment (vocational profile) (CRR Q37). All seven employment assessments (vocational profiles) included the individual's employment strengths (CRR Q38).

Quality Indicator 9: Appropriateness of Employment Treatment Planning

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Nine individuals were scored for Quality Indicator 9. SMHC received a score of 67%. Quality Indicator 9 consists of Measure 9a. Of the 21 individuals interviewed, 12 individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services (CII Q53). Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual's changing employment needs and goals	6	3

Additional Results

- Nine individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), and all nine individuals described needing help and services that would be provided by SMHC (CII Q54). Staff for the nine individuals were aware of this interest (SII Q42). All nine individuals who had expressed interest in finding or keeping a job had goals or plans regarding finding or keeping a job as evidenced by their treatment plans and/or case management plans, and five additional individuals who had not expressed interest in finding or keeping a job also had employment goals or plans (CRR Q34, CRR Q35).
- In total, 14 individuals had employment related goals or plans, regardless of expressed interest (CRR Q34, CRR Q35), and the goals or plans were all in alignment with assessed needs (CRR Q41).
- Nine individuals had Supported Employment listed as a prescribed service on their treatment plans (CRR Q11). Two of these individuals had not been enrolled in SE during the past 12 months (CRR Q29). A total of eight individuals had been enrolled in SE during the past 12 months (CRR Q29). One of the nine individuals expressed that he/she was not interested in receiving help in finding or maintaining a job, and had not been interested in the past 12 months (CII Q53). One staff reported an individual had not been interested in receiving

employment related services or support in the past 12 months, despite Supported Employment being a prescribed service on the client's treatment plan (CRR Q11, SII Q42). There were three individuals reported by staff as having been interested in receiving employment related services and supports who did not have Supported Employment prescribed on their treatment plan. There was indication that at least one of these three did meet with supported employment staff but were not interested at that time (CRR Q40).

- Nine individuals reported that their employment related needs or goals had changed at some point during the past 12 months (CII Q58). Seven of the nine individuals reported discussing these changes with SMHC staff (CII Q59), and five of the seven individuals felt that SMHC staff had helped them with their changed employment needs or goals (CII Q60).

Quality Indicator 10: Adequacy of Individualized Employment Service Delivery

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her identified employment goals.

Fourteen individuals were scored for Quality Indicator 10. SMHC received a score of 82%.

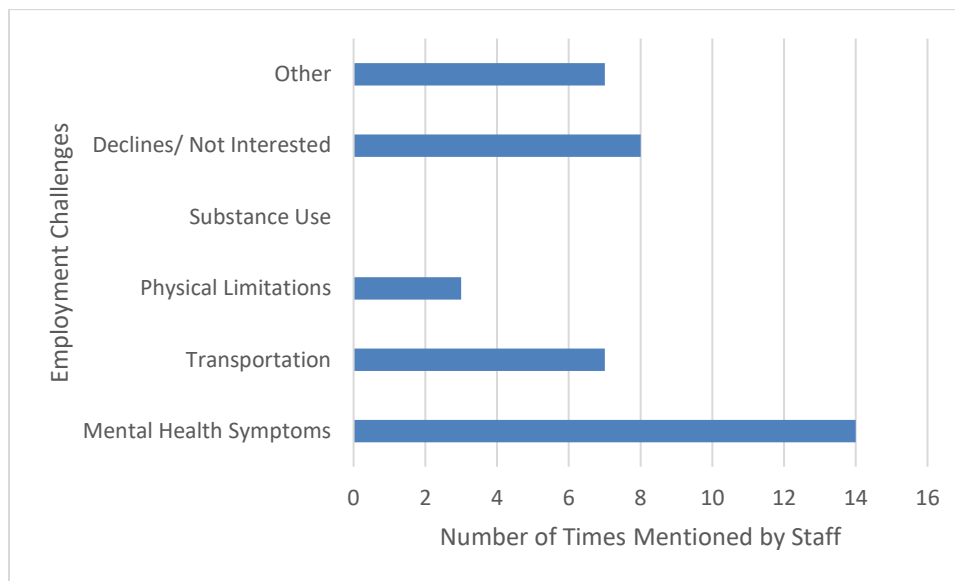
Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored for the indicator if at least one of the two measures applied to them. Of the 21 individuals interviewed, 12 individuals were considered not applicable for Measure 10a because they reported not being interested in employment or were not receiving employment support services (CII Q53, CRR Q29). Of the 21 individuals interviewed, seven individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q34, CRR Q35). Accordingly, the additional results below are based upon the number of individuals the data points apply to, respectively. Individuals were scored as follows:

	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs	7	2
Measure 10b: Services and supports are meeting individual's employment goals	12	2

Additional Results

- Nine of 21 individuals had supported employment prescribed on their treatment plans. Of those nine individuals, two were receiving services at the frequency prescribed on the treatment plan (CRR Q11).
- Two individual(s) responded they needed additional employment related services from SMHC (CII Q61), and two individuals responded they were not getting employment supports and services *as often* as they felt they needed (CII Q62). Individuals are asked if they have enough support to achieve their employment goals. All but two felt that they did (CII Q63). The two individuals reported needing more help in areas such as learning how to manage both mental health symptoms and physical health limitations in the workplace as well as navigating benefits limitations and the need to work enough to become financially stable (CII Q63). Types of employment services provided included reviewing and discussing how Supported Employment can assist the individual, problem solving employment deficits, processing job goals, assisting with job related paperwork, discussing interests, and assisting in setting up direct deposit (CRR Q40).
- Five individuals responded they are competitively employed (CII Q47, CII Q48). Of those five individuals, one works full-time and four work part-time (CII Q49), and two individuals responded they are interested in working more hours (CII Q51). For the purposes of this report, 20 hours or more is considered full-time, and less than 20 hours is considered part-time.
- For the 15 individuals who had employment needs identified in the ANSA or case management assessment (CRR Q32), and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q34, CRR Q35), all 15 individuals received employment services and supports that were in alignment with their employment needs or goals (CRR Q41).
- Responses from staff about challenges individuals face in finding and maintaining employment included lack of transportation, difficulty managing emotional or psychiatric symptoms, lack of interest, lack of motivation, specific scheduling needs, and difficulty with communication and interpersonal skills (SII Q46) (see Figure 6).

Figure 6: Employment Challenges Faced by Individual



- Staff identified 19 individuals as having received employment related services in the past 12 months (SII Q50). For five of the 19 individuals, the provided services identified by staff were either not alignment with the individuals' treatment plan goals or the individual did not have any employment goals (SII Q51, CRR Q34, CRR Q35). For the same five individuals, staff either did not endorse that the services were helping the individuals' progress towards their employment goals or the individual did not have any documented treatment plan goals (SII Q52, CRR Q34, CRR Q35).
- Examples of successes and progress for individuals receiving supported employment or other employment related services included greater awareness of career interests and goals, increased confidence, and finding employment (SII Q52).
- Nine of twenty-one individuals interviewed responded that someone had explained to them how employment may or may not affect their financial benefits (CII Q64). Staff also reported that this topic had been discussed with 10 of the individuals interviewed (SII Q41).
- When asked if they had anything else to share regarding employment services (CII Q65), one or more individuals responded wanting to learn more about what SMHC would offer for employment services or felt it did not suit their needs, many shared that in general the services were helpful to them. One or more individuals also added comments regarding work and its impact on their benefits.

“I think they are wonderful. [They] help me when I need it. They understand what doctors tell me and...they help me understand. I call them my angels.”

“When I work it will affect my SII, but working is good to meet co-workers; some of my best times were with co-workers...”

- SMHC offers supported employment services out of their offices in Portsmouth and Exeter. A Supported Employment Fidelity review was completed at SMHC in September 2019. SMHC scored a 94 out of a possible 125 points, which brings them into the Fair Fidelity category range of a score between 74-99.

COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Twenty-one individuals were scored for Quality Indicator 11. SMHC received a score of 100%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies individual's related social and community integration needs and preferences	21	0
Measure 11b: Assessment identifies individual's related social and community integration strengths	21	0

Additional Results

- The ANSA includes several domains related to social and community integration needs and strengths. All of these related areas of the ANSA were completed for all 21 individuals (CRR Q43, CRR Q44).

Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

Twenty-one individuals were scored for Quality Indicator 12. SMHC received a score of 84%. Quality Indicator 12 consists of Measures 12a-12m. Fifteen individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. Three individuals did not have identified social support or community integration needs and therefore were not applicable for Measure 12j. Individuals were scored as follows:

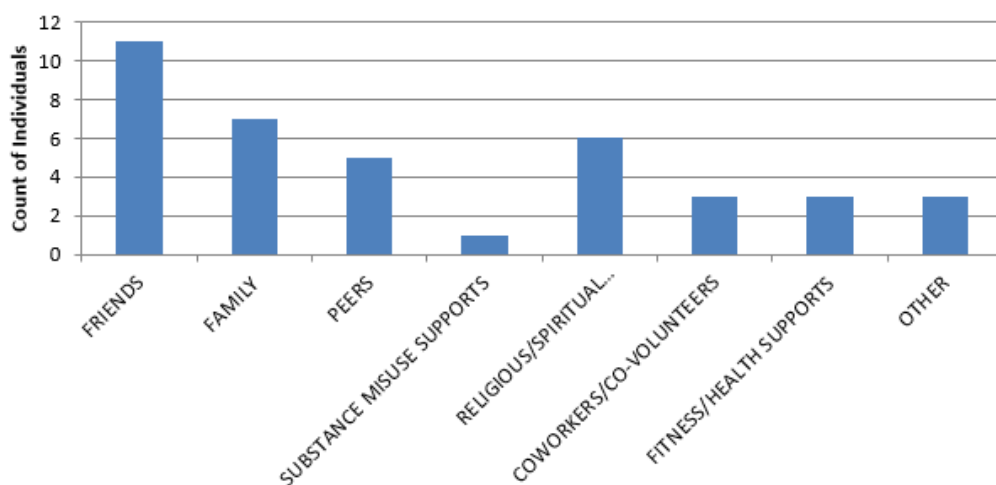
	YES	NO
Measure 12a: Individual is competitively employed	5	16
Measure 12b: Individual lives in an independent residence	20	1
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	6	0
Measure 12d: Individual is integrated in his/her community	19	2
Measure 12e: Individual has choice in housing	14	7
Measure 12f: Individual has choice in his/her treatment planning, goals and services	21	0

Measure 12g: Individual has the ability to manage his/her own schedule/time	20	1
Measure 12h: Individual spends time with peers and /or family	20	1
Measure 12i: Individual feels supported by those around him/her	16	5
Measure 12j: Efforts have been made to strengthen social supports if needed	13	5
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	19	2
Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	21	0
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	21	0

Additional Results

- Nineteen individuals responded they feel a part of their community (CII Q104). Staff responded that 18 of 21 individuals were integrated into their community (SII Q63). Twenty of 21 individuals were able to identify at least one natural support with whom they spend time, with family and friends being the most frequently mentioned supports (CII Q98). Of the five individuals who were competitively employed (CII Q48), three identified spending time with people from work to support their recovery (CII Q98) (see Figure 7).

Figure 7: Identified Natural Supports



- Seven individuals did not feel that they had an adequate support system (CII Q101) and five of the seven individuals felt that SMHC was helping them to improve their support systems (CII Q102). Individuals identified SMHC providing help in areas such as setting goals, teaching skills, including family in treatment, and offering groups and therapies such as DBT (CII Q103).
- Three of 21 individuals were unable to identify anyone, aside from CMHC staff, that they go to for support (CII Q96). Four individuals were unable to identify people in their lives who help support them with their treatment and mental health recovery (CII Q99). Thirteen individuals felt that family, friends, and/or community give them enough support with their treatment and mental health recovery (CII Q100).
- Twelve of 21 individuals reported that they had been given information about services and supports available to them in the community (CII Q105).
- Individuals are asked about peer related services they are aware of or may have utilized. Six individuals reported utilizing peer specialist services at the CMHC (CII Q107). Eighteen individuals were aware of peer support agencies (CII Q109), and six individuals had accessed the peer support agencies in the past year (CII Q110). Staff reported that four individuals had not been informed about peer support agencies, and staff were not sure if five individuals had been informed (SII Q68).
- When asked if they had anything additional to share regarding their support systems, individuals generally spoke positively about SMHC, but several also acknowledged that their support systems were lacking, some wishing SMHC could help them more in this area (CII Q112).
- Eighteen individuals had identified needs related to social support and community integration in the ANSA or case management assessments (CRR Q46). Fourteen of the 18 individuals had these needs addressed by goals in their treatment plans or care plans (CRR Q48, CRR Q49). There was evidence of related services being provided for 17 individuals which were in alignment with identified needs (CRR Q50, CRR Q52).
- All six individuals who had an inpatient psychiatric admission reported that they did restart communication with their natural support system following their discharge from an inpatient psychiatric admission (CII Q94).

- Individuals are asked several questions related to their independence and their ability to be involved in having choice and making decisions regarding their housing. For those who had moved in the past 12 months, one of three individuals reported he/she did not have an opportunity to discuss his/her housing preferences with staff before moving (CII Q35), and one of three individuals was unable to see his/her current housing before moving (CII Q36). For those individuals who were currently looking for a different place to live, three of six individuals had not had an opportunity to discuss their current housing preferences (CII Q38), and five individuals reported that they had or would have an opportunity to see potential housing options prior to moving (CII Q39). Seventeen of 21 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).
- Overall, two individuals reviewed were observed to need additional services to support their achieving increased independence and integration into the community (OCR Q7). Both individuals did not have a support system and/or were isolative. Functional support services were prescribed and clinically indicated for both, yet were not being consistently provided (OCR Q8).
- Overall, no individuals reviewed were observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
- Overall, all individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness³. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed his/her treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of

emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies individual risks, protective factors, and coping skills/interventions.

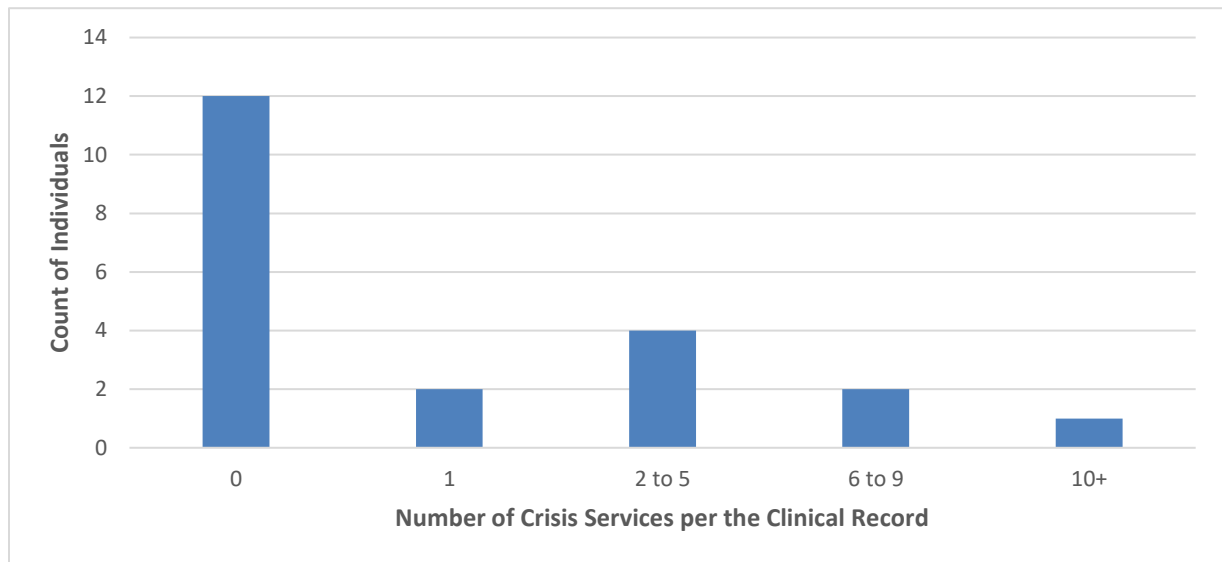
Three individuals were scored for Quality Indicator 13. SMHC received a score of 58%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 21 individuals interviewed, 18 individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record. Specifically, nine clinical records had documentation of crisis services being provided (CRR Q55) and four individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, three individuals could be scored. Some of the additional results below include data from individuals who were not scored, and are offered to provide SMHC with more helpful information. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	1	2
Measure 13b: Risk was assessed during crisis assessment	2	1
Measure 13c: Protective factors were assessed during crisis assessment	2	1
Measure 13d: Coping skills/interventions were identified during crisis assessment	2	1

Additional Results

- Documentation in the clinical record indicated that one individual received 10 or more crisis services in the period under review (CRR Q56) (see Figure 8).

Figure 8: Crisis Services Received by all 21 Individuals in Period Under Review



- Two of the four individuals who endorsed receiving crisis services responded that during a crisis they were “occasionally” or “never” able to get help quickly enough from SMHC (CII Q75).
- Documentation of risk assessment was found in seven of nine crisis notes reviewed (CRR Q57). In seven of nine records, protective factors were assessed, and in five of nine records suggested coping skills were assessed (CRR Q57).
- Three of the four individuals who endorsed receiving crisis services responded that SMHC staff helped them manage while experiencing a crisis (CII Q71).

Quality Indicator 14: Appropriateness of Crisis Plans

Quality Indicator 14 corresponds to CMHA section VII.D.1. An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

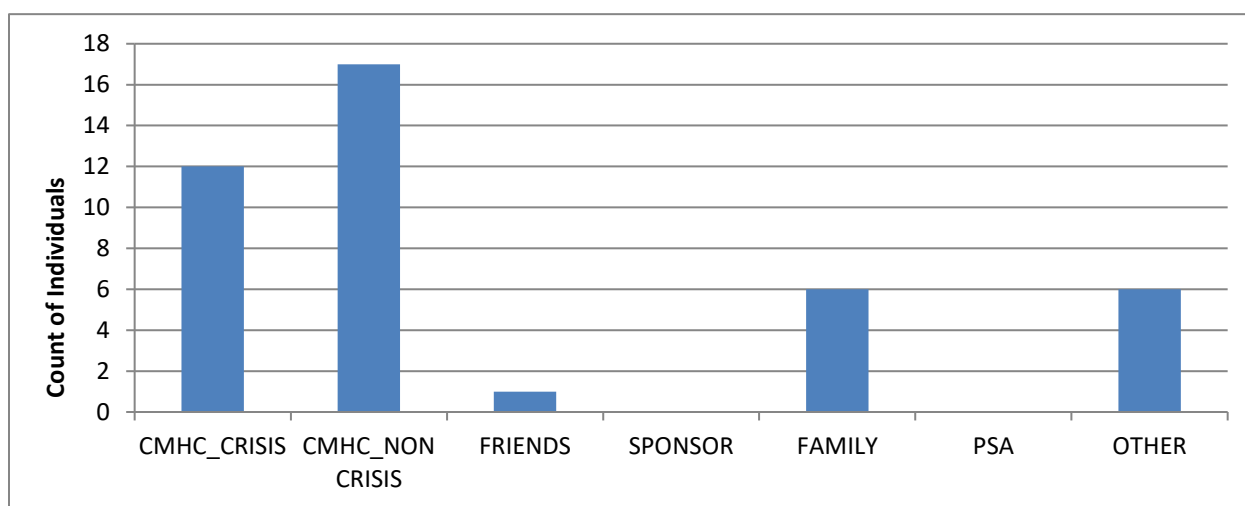
Twenty-one individuals were scored for Quality Indicator 14. SMHC received a score of 93%. Quality Indicator 14 consists of Measure 14a and Measure 14b.

	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	20	1
Measure 14b: Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	19	2

Additional Results

- All 21 individuals had crisis plans in their clinical records, and 20 of the plans were written in a manner that was specific to the individual (CRR Q53, CRR Q54).
- Individuals were asked an open-ended question, who they could call if having a mental health crisis. The most common response made by individuals was non-crisis CMHC staff, followed by CMHC crisis/emergency staff and family (CII Q66). Their responses were coded using the following categories (see Figure 9).

Figure 9: Who the Individual Could Call if Having a Mental Health Crisis



Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

For an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

One individual was scored for Quality Indicator 15. SMHC received a score of 75%. Quality Indicator 15 consists of Measures 15a-15e. Of the 21 individuals interviewed, 20 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, nine clinical records had documentation of crisis services being provided (CRR Q55). Four individuals endorsed receiving crisis services (CII Q69) and five staff endorsed individuals having received crisis services (SII Q53). When documentation and endorsements were analyzed for the CII, SII, and CRR, only one individual could be scored. Some of the additional results included below include data from individuals who were not scored to provide SMHC with more helpful information and additional data. As SMHC does not have a mobile crisis team, all individuals were considered not applicable for Measure 15d. Individuals were scored as follows:

	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	1	0
Measure 15b: Communication with individual during crisis episode was adequate	1	0
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	0	1
Measure 15d: Crisis interventions occur at site of the crisis (if applicable)	0	0
Measure 15e: Individual was assisted to return to his/her pre-crisis level of functioning	1	0

Additional Results

- Responses from the individuals who endorsed receiving crisis services about how staff at SMHC helped them manage while experiencing a crisis included staff listening to them and helping them with breathing exercises and prescribers making medication adjustments (CII Q71). Also notable is that often times the help provided goes beyond the crisis service providers and extends to other office staff.

“The front office lady helped me by getting someone on the line
for me and by not reacting to how I was acting.”

- Crisis services were typically provided by SMHC emergency services staff (SII Q58).

- Four of the five staff who endorsed individuals having received crisis services responded they received notification from a treatment provider (rather than directly from the individual, family, or friend) or were the direct provider of the crisis service themselves (SII Q56). Of those four, three staff received notification within 24 hours (SII Q56); one staff could not address if notification was received within 24 hours, as he/she was not part of the individual's treatment team at the time. Four of five staff responded they received all of the information needed regarding the crisis episode (SII Q57).
- Three of the four individuals who endorsed receiving crisis services during the period under review responded they felt supported by staff (CII Q72).
- One of the four individuals who endorsed receiving crisis services during the period under review responded that he/she "never" had staff explain things in a way that he/she understood during a crisis (CII Q73).
- One of the four individuals who endorsed receiving crisis services during the period under review responded that he/she "never" felt that he/she had been able to get all the crisis/emergency supports and services he/she needed (CII Q74).
- Two of the four individuals who endorsed receiving crisis services responded that during a crisis they were "occasionally" or "never" able to get help quickly enough from SMHC (CII Q75).
- Of the nine clinical records reviewed for crisis services, five records contained documentation that the individual remained in the home/community setting following the most recent crisis service (CRR Q57).
- The individual who had received 10 or more crisis services during the period under review (CRR Q56) had experienced one inpatient psychiatric admission during the period under review (CRR Q68).
- Of the four individuals who endorsed receiving crisis services during the period under review, two individuals responded the crisis services received "occasionally" or "never" helped them to feel like they did before the crisis (CII Q76).
- Four of five staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q59). Eight of nine crisis service notes reviewed included what the plan for the individual was (CRR Q57).

- When individuals were asked if they had anything additional to share regarding crisis services at SMHC, one or more individuals mentioned that staff was always available and that they were good at managing crises (CII Q82).

ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Direct comparisons to the ACT sample are not made within this report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 6: ACT vs. Non-ACT Indicator Scores.

Quality Indicator 16: Adequacy of ACT Screening

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Twenty-one individuals were scored for Quality Indicator 16. SMHC received a score of 100%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	21	0
Measure 16b: Individual receives ACT services when appropriate	21	0

Additional Results

- The majority of SMHC staff demonstrated knowledge regarding ACT criteria, the referral process at SMHC, and how ACT would or would not benefit the individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q10, SII Q12). Many ACT staff did not know the specifics of the process, but knew that referrals went through their ACT leader.
- All individuals had been screened for ACT (CPD Q16, CRR Q58).
- Of the 21 individuals reviewed, there were no individuals who met ACT criteria who were not on ACT (SII Q11, SII Q13). Twelve of 21 individuals were reported to meet ACT criteria.

Quality Indicator 17: Implementation of ACT Services

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual's ACT team collaborates with community providers. Unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of individuals. ACT services may be titrated when an individual needs more or fewer services. For the purposes of Quality Indicator 17, the QSR looks at ACT service delivery at an individual level rather than looking at each component of the ACT program the way an ACT Fidelity Review does.

Twelve individuals were scored for Quality Indicator 17. SMHC received a score of 79%. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of

the 21 individuals interviewed, nine individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are delivered at appropriate intensity, frequency, and duration	11	1
Measure 17b: ACT services are provided using a team approach	10	2
Measure 17c: ACT services are provided in the home/community	7	5
Measure 17d: ACT team collaborates with community providers	10	2

Additional Results

Twelve individuals were receiving ACT services. Data from the clinical records regarding ACT services were gathered for each individual based on an average of the four complete weeks preceding the QSR review, not including the most recent week:

- Nine individuals had an average minimum of 85 minutes of face-to-face contact with their ACT Team during each of the four complete weeks prior to the QSR; three individuals did not (CRR Q63).
- Three individuals had an average of three or more face-to-face contacts with ACT Team staff per week during each of the four complete weeks prior to the QSR; nine individuals did not (CRR Q64).
- Eleven individuals responded they received “all” the ACT services they needed from their ACT Team and one individual responded that they “somewhat” received all the ACT services they needed from their ACT Team. (CII Q21).
- Eleven individuals responded they saw their ACT staff as often as they felt was needed; one individual responded they did not (CII Q25).
- Ten individuals had face-to-face contact with an average of more than one different ACT Team staff during each of the four complete weeks prior to the QSR; two individuals did not (CRR Q62).
- Eleven individuals had 60% or more of their ACT services provided in the community according to their clinical record for a recent four-week period; one individual did not (CRR Q65). Five individuals and two staff indicated that individuals received most of their ACT services in the office over the course of the period under review. Of note, there were three

individuals and one staff who indicated that certain individuals preferred to meet in the office (CII Q23, SII Q17).

- Successful ACT teams have several specific positions/specialties, including a psychiatrist or APRN, psychiatric nurse, employment specialist, master's level clinician, substance abuse specialist, a team leader, and a peer specialist. At the time of the QSR review, the SMHC's ACT Team had greater than 70% of these specific/specialty ACT positions filled (CRR Q66).
- Staff endorsed that they had collaborated with community providers on behalf of 10 of the 12 individuals (SII Q18). Staff identified collaborating with a variety of providers and community agencies, DHHS, medical providers, and family.
- Seacoast Mental Health Center underwent an Assertive Community Treatment (ACT) Fidelity review on April 23 and April 24, 2019. Out of a possible total score of 140, Seacoast scored 116, which brings them to the Full Implementation category of a score between 113-140. Quality improvement plans are developed for all items scoring three or less, and Seacoast has six items in this score range. Items that Seacoast scored a 5 on included; Small Caseload, Team Approach, Program Meeting, Explicit Admission Criteria, Intake Rate, Full Responsibility for Services, Responsibility for Hospital Discharge Planning, Time-unlimited Graduation Rate, No Dropout Policy, Assertive Engagement Mechanisms, Intensity of Service, Dual Disorders Model, and Role of Consumers on Team. The items that Seacoast scored the lowest on (score of 2) was a Substance Abuse Specialist on Team, Vocational Specialist on Team, and Co-occurring Disorder Treatment Groups. Currently, the Seacoast Mental Health Center ACT team is focusing on improving the following items; Vocational Specialist on Team, Responsibility for Hospital Admissions, and Working with Informal Support Systems.

TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are interrelated with other QSR quality indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

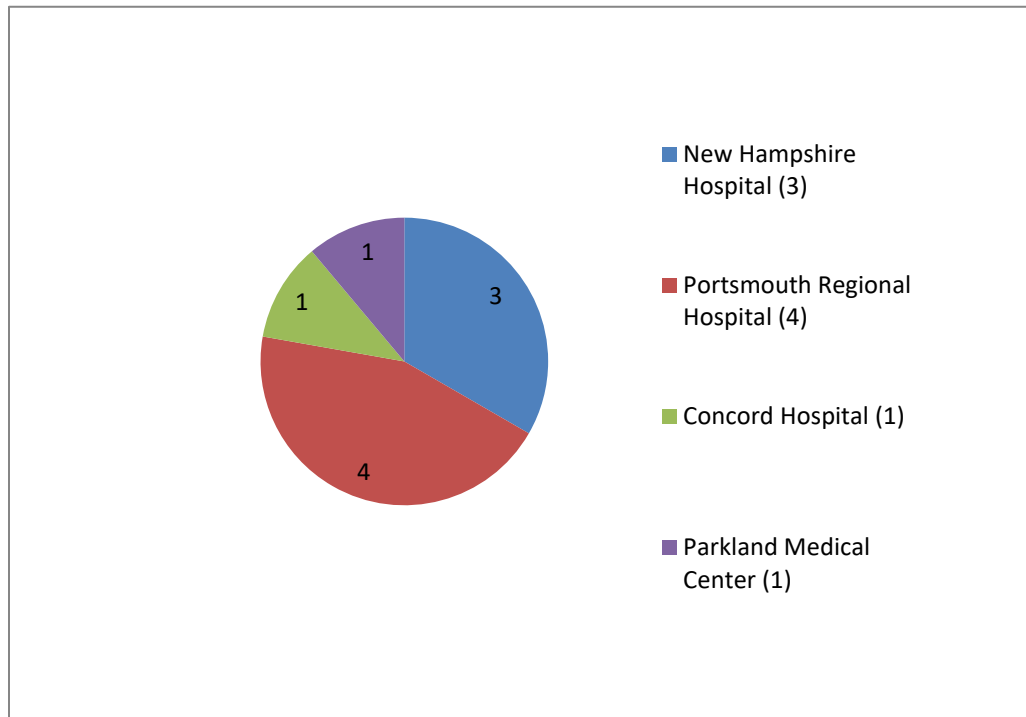
Five individuals were scored for Quality Indicator 18. SMHC received a score of 86%. Quality Indicator 18 consists of Measures 18a-18g. Of the 21 individuals interviewed, 16 individuals were considered not applicable for Indicator 18 because they did not have an inpatient psychiatric admission during the period under review or an inpatient psychiatric admission during the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, seven clinical records had documentation of an inpatient psychiatric admission during the period under review (CRR Q67). Six individuals endorsed an inpatient psychiatric admission during the period under review and six staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were analyzed for the CII, SII, and CRR, only five individuals could be scored. Individuals were scored as follows:

	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	5	0
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	4	1
Measure 18c: Individual returned to appropriate housing following inpatient psychiatric discharge	5	0
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	3	2
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	4	1
Measure 18f: Absence of 90 day readmission to an inpatient psychiatric facility	4	1
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	5	0

Additional Results

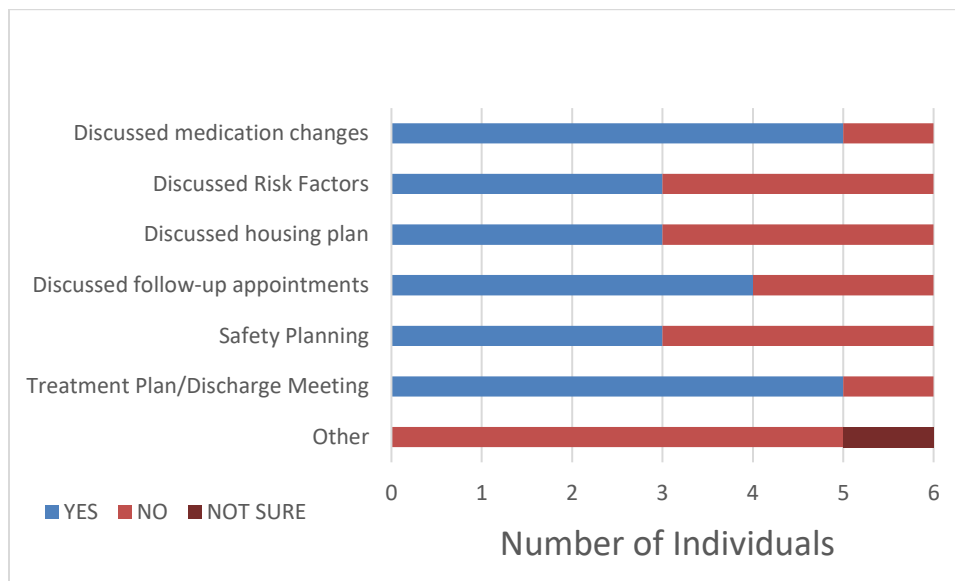
- According to the clinical record, nine inpatient admissions occurred during the period under review. Of the seven individuals who had a psychiatric admission, two individual had two distinct admissions, and five individuals had one distinct admission (CRR Q68).
- Three admissions were at New Hampshire Hospital (CRR Q69) (see Figure 10).

Figure 10: Inpatient Psychiatric Admissions



- All six individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in their discharge planning (CII Q85), and evidence of client involvement was found in all seven clinical records (CRR Q76). Those individuals that endorsed being involved in their discharge planning process identified having participated in the following activities to plan their return home (CII Q85) (see Figure 11).

Figure 11: Individual's Involvement in Discharge Planning



- In-reach and communication between SMHC and the psychiatric facility and/or individual occurred for four of five individuals scored (CRR Q71, CRR Q72, CII Q89, SII Q74).
- All five individuals who were scored returned to appropriate housing (CII Q92, SII Q71).
- Three of six individuals who endorsed an inpatient psychiatric admission during the period under review recalled talking with a community provider about services in the community prior to discharge (CII Q83).
- Five of six individuals who endorsed an inpatient psychiatric admission during the period under review felt that returning home after their discharge did not significantly disrupt their normal routine (CII Q93 and CII Q95). The one individual who felt the transition home was significantly disruptive to his/her normal routine reported loss of employment and loss of his/her vehicle (CII Q93, SII Q78).
- The clinical record contained discharge instructions for all seven individuals who had an inpatient psychiatric admission during the period under review (CRR Q70); staff endorsed that five of six individuals had appointments with SMHC scheduled prior to discharge (SII Q73), and according to the clinical record, six of seven individuals attended an appointment with SMHC within seven days of discharge (CRR Q73).
- According to the clinical record, one of the seven individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q69).

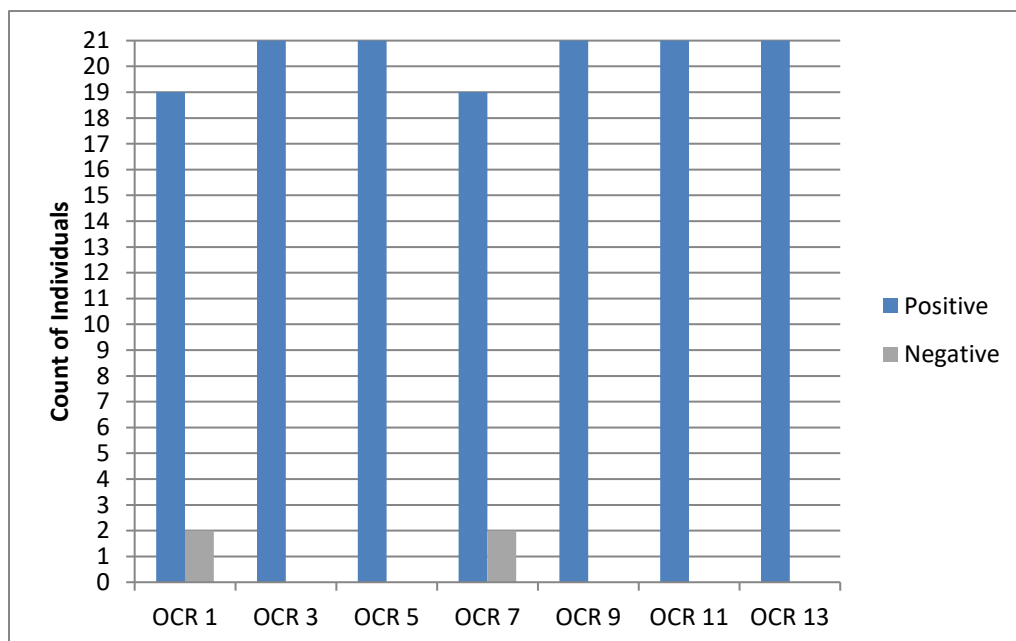
- Overall, no individuals reviewed were observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).

Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 7: Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes and, when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview, and/or the staff interview. Additionally, clients are asked about their overall satisfaction with the CMHC and if they have anything additional to add to their interview responses (CII Q113, CII Q114).

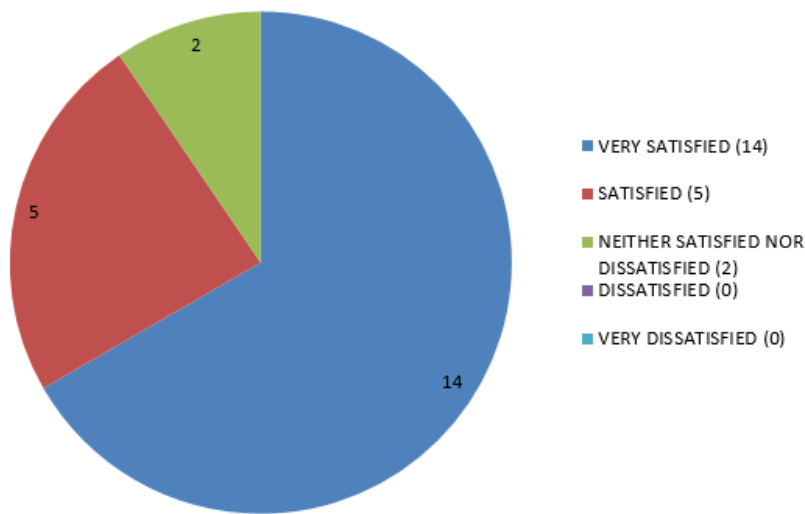
Of the 21 individuals reviewed, two individuals did not achieve one or more of the OCR outcomes (see Figure 12). Of the two individuals not achieving an OCR outcome, one individual was receiving ACT services and one was not.

Figure 12: Overall Client Review Results



The majority of individuals were satisfied with the services they were receiving (CII Q113) (see Figure 13).

Figure 13: Overall Client Satisfaction



Individuals are asked if they have anything else they want to share regarding their experiences and the services they receive (CII Q114). Many individuals shared their very positive experiences with SMHC. Some also indicated that the services at SMHC have improved over the years.

“Back when Act first became involved with me, I was in the hospital at the time, and they did a very good job transitioning me from the regular team to the ACT team.”

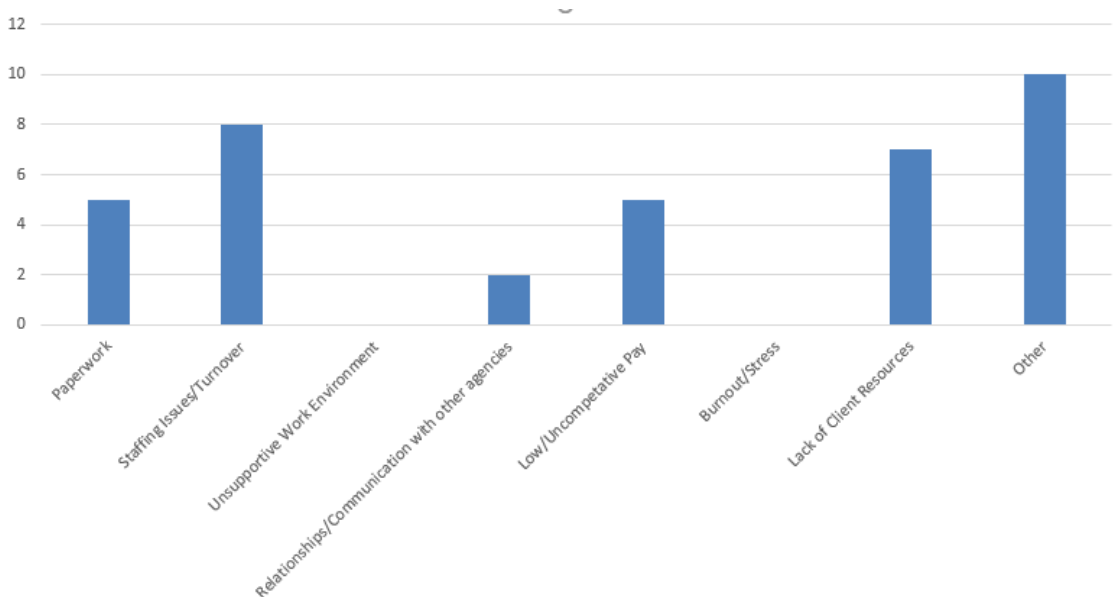
“It has been exactly what I needed when I needed it...been able to self-advocate. It has been a growth experience.”

SMHC STAFF FEEDBACK SECTION

Staff are asked several questions regarding the overall challenges and positive aspects of working at the mental health center as well as their thoughts and opinions regarding the mental health delivery system in the State of New Hampshire (SII Q84, SII Q85, SII Q86).

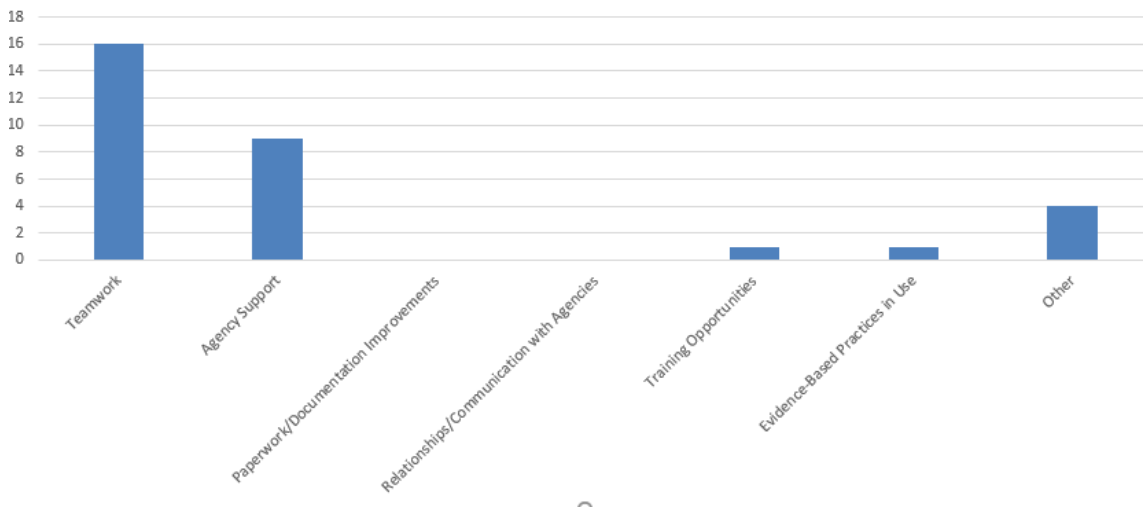
Staff are asked about the barriers, challenges, and gaps they may face at SMHC (SII Q84). A common theme voiced by one or more staff was staffing issues and significant turnover as well as low salaries and a lack of services and resources related to housing and transportation in the region for individuals to access. Some of the less frequently mentioned concerns that fell under “other” were the amount of travel required, lack of parking, challenge of keeping up with changes to benefits, and clients frequently needing to get to know new staff due to staff turnover. Some staff mentioned concerns regarding communication with hospitals, but this was more commonly mentioned in relation to the question below regarding the mental health delivery system in New Hampshire.

Figure 14: SMHC Barriers, Challenges, Gaps



Regarding what is working well at SMHC and the services provided to individuals (SII Q85), there was an obvious theme of a strong team and positive communication and collaboration, as well as strong agency/administrative support.

Figure 15: “What’s Working Well at SMHC”



When asked more generally about the mental health delivery system in New Hampshire (SII Q86), the issue of lack of communication with hospitals regarding individuals’ status and discharge planning was brought up multiple times and overshadowed any other concern mentioned. Some staff spoke generally about all hospitals, while others specifically noted challenges they have had with Portsmouth Regional Hospital and New Hampshire Hospital. Concerns related to premature discharges and lack of communication around admission and discharge were mentioned in at least 10 of the 21 staff interviews. Also brought up was concern about the emergency department waitlist for beds at designated receiving facilities, concerns related to the substance use disorder and treatment options, and Medicaid reimbursement rates.

VI. CMHA Substantive Provisions

New Hampshire’s CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the SMHC’s achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

1. Crisis Services Outcomes

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
 - i. **Conclusion:** SMHC met this provision as evidenced by Measure 15e where the one individual (100%) who received a crisis service was assisted with returning to his/her pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
 - i. **Conclusion:** SMHC met this provision as evidenced by a score of 90% for the Crisis domain and OCR Q11, where all 21 individuals reviewed (100%) were determined to be receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

2. ACT Outcomes

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
 - i. Compliance with Provision V.D.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
 - ii. **Conclusion:** SMHC met this provision as evidenced by the following:
 - 1. For Quality Indicator 3: Adequacy of Individual Service Delivery, individuals receiving ACT services received an average score of 96%.
 - 2. A score of 79% for Quality Indicator 17: Implementation of ACT Services.
 - 3. All 12 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
 - 4. All 12 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
 - 5. All 12 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.

- i. Compliance with Provision V.D.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** SMHC met this provision as evidenced by the following:
 1. Those receiving ACT services had a total average score of 91% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
 2. All 12 individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
 3. All 12 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
 4. All 12 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).
 - c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.
 - i. **Conclusion:** SMHC met this provision as evidenced by an average score of 93% for the Crisis domain for individuals receiving ACT services.
3. **Supported Housing Outcomes**
- a. **Provision V.E.1** - Supported housing meets individuals' needs.
 - i. **Conclusion:** SMHC met this provision as evidenced by a score of 90% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 86% for Quality Indicator 6: Adequate Individual Housing Service Delivery.
 - b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.

- i. **Conclusion:** SMHC met this provision as evidenced by a score of 90% for the Housing domain and OCR Q9, where all 21 individuals reviewed (100%) received services adequate to obtain and maintain stable housing (OCR Q9).

4. **Supported Employment Outcomes**

- a. **Provision V.F.1 (part 1)** - Provide supported employment services consistent with the Dartmouth evidence-based model.
 - i. **Conclusion:** SMHC met this provision as evidenced by the Supported Employment Fidelity Review in September 2019. Out of a possible total score of 125, SMHC scored a 94, which brings them to the Fair Fidelity category range of a score between 74-99.
- b. **Provision V.F.1 (part 2)** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
 - i. **Conclusion:** SMHC met this provision as evidenced by a score of 82% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

5. **Family Support Programs Outcome**

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.
 - i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region VIII.
 - 1. In SFY19, NAMI NH provided a variety of support groups including:
 - NAMI NH Portsmouth Family Support Group for those with an adult loved one living with mental illness. The group meets twice a month. The Portsmouth support group (part of our NAMI Seacoast Affiliate) is long-established with over 120 members with an average monthly attendance of 22 people.
 - NAMI NH Connection Peer Support Group for consumers in Portsmouth that meets 3 times/month and has an average attendance of four.

- NAMI NH members and trained support group facilitators offer a Family and Consumer Bipolar Support Group once a month in Portsmouth. This group has a distribution list of about 150 with an average attendance of eight.
 - Survivor of Suicide Loss Support Group in Portsmouth with 8-12 participants at any given time.
 - Two Facebook Support Groups: one for parents/caregivers of youth with serious emotional disturbance with a total of 504 members, of whom 143 were new members during the reporting period, and one for family members with an adult loved one living with mental illness with a total of 708 members, of whom 209 were new to the group during the reporting period. While it is difficult to ascertain exactly how many members live in each town, NAMI NH is aware that there are members who reside in Region VIII.
2. NAMI NH provided one-to-one support to a total of 22 Region VIII families in SFY19: nine families with an adult loved one living with mental illness, and three families with children with serious emotional disturbance.
 3. NAMI NH responded to 73 Information and Resource contacts in SFY19.
 4. During the last fiscal year, NAMI NH twice offered its signature Family-to-Family education program (delivered in 12 sessions) in Portsmouth: once in the fall to a total of 23 participants and again in the spring to a total of 18 participants. NAMI NH also offered one module of its Side-by-Side education program for caregivers of older adults experiencing behavioral health issues to a total of 51 participants.

6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.
 - i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring.

This provision is met as evidenced by the services that Connections provides in Region VIII.

1. Connections is the peer support agency serving the catchment area of the Seacoast Mental Health Center with offices located in Portsmouth.
2. Peer supports and services include: individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, Wellness Recovery Action Plan training, monthly newsletters, fundraising, educational events, and assistance with educational and vocational pursuits. In SFY19, Connections offered the following groups and educational events:
 - i. Dietary advice
 - ii. WRAP Topics
 - iii. Writing group
 - iv. IPS topics
 - v. Depression and anxiety
 - vi. Member rights
 - vii. Meditation
 - viii. Women's group
 - ix. Music therapy
 - x. Intermediate art
 - xi. Self-advocacy
 - xii. Advocacy and outreach
 - xiii. Pet therapy
 - xiv. Stress management
 - xv. Assertiveness training
 - xvi. Express yourself
 - xvii. Job readiness skills
 - xviii. Nutrition tips
3. For SFY19, various Connections staff were trained in Intentional Peer Support, and Wellness Recovery Action Planning.
4. Connections had 73 unique members/participants attend during the fiscal year with an average daily attendance of fifteen.
5. Connections received 3631 calls for peer support and made an additional 1640 outreach calls.
6. Six of 21 individuals interviewed stated they had utilized a peer support agency in the past 12 months (CII Q108).

7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
 - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b: Service Delivery is flexible to meet individual's changing needs and goals; Measure 7a: Housing Supports and services enable individual to meet/progress towards identified housing goals; Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** SMHC met this provision as evidenced by:
 - 1. The average of individuals who scored "Yes" for Measure 3b (18 of 21 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (18 of 21 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 86%.
 - 2. For Quality Indicator 12, SMHC scored 84%.
 - 3. Nineteen of 21 individuals reviewed (90%) received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
 - 4. All 21 individuals reviewed (100%) received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
 - 5. All 21 individuals reviewed (100%) received adequate services to live in the most integrated setting (OCR Q13).

8. Health, Safety and Welfare Outcome

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.

- i. **Conclusion:** SMHC met this provision as evidenced by an average score of 88% for the seven domains and OCR Q5, with all 21 individuals (100%) receiving all of the services and supports they need to ensure health, safety, and welfare.

9. **Obtain and Maintain Stable Housing Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
 - i. **Conclusion:** SMHC met this provision as evidenced by a score of 90% for the Housing domain.

10. **Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
 - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q69), the Crisis domain, and OCR Q11.
 - ii. **Conclusion:** SMHC met this provision as evidenced by:
 - 1. Four of five individuals who experienced an inpatient psychiatric admission (90%) were not re-hospitalized within 90 days (CRR Q69).
 - 2. For the Crisis domain, SMHC received a score of 80%.
 - 3. All 21 individuals (100%) received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

VII. Areas in Need of Improvement

SMHC scored above the 80% threshold for 14 of the 18 quality indicators. Based upon the QSR data, the following four quality indicators scored below the 80% threshold and are identified for incremental improvement over the next year. Quality Indicator 9 and Quality Indicator 17 will require the development of quality improvement plans. Quality Indicator 13 and Quality Indicator 15 will require continued progress on existing action steps as identified in the Quality Improvement Plan template:

1. *Increase the percentage of individuals receiving appropriate employment treatment planning (Quality Indicator 9).*
2. *Increase the percentage of individuals with adequate crisis assessments (Quality Indicator 13).*
3. *Increase the percentage of individuals receiving effective crisis service delivery (Quality Indicator 15).*
4. *Increase the implementation of adequate ACT services (Quality Indicator 17).*

For additional information and data related to these areas in need of improvement, please reference Section V. “SEACOAST MENTAL HEALTH CENTER QSR Findings” and the “Additional Results” listed under the respective quality indicator.

VIII. Next Steps

Within 30 calendar days of receipt of this final report, Seacoast Mental Health Center is to complete and submit the DHHS Quality Improvement Plan (QIP) template for review by the BMHS Administrator of Operations and the BQAI Program Planning and Review Specialist.

IX. Addendum

During a 15-day review period, Seacoast Mental Health Center had an opportunity to review the QSR initial report and submit corrections and/or information for DHHS’s consideration prior to the issuance of this final report. SMHC submitted a written response indicating the following feedback and/or corrections to this report:

- SMHC noted that on page 10 under the section “Additional Results” in the initial report, DHHS had indicated that several of the narrative summaries accompanying the ANSA numeric ratings were missing. SMHC posited that this statement was a misrepresentation of the completeness of SMHC’s documentation in the records and that their review of the records indicated that 19 of 21 records contained narratives for all ANSA domains scored ‘2 or above,’ and that extension modules contained narratives. In a phone call with SMHC on February 19, 2020, DHHS indicated that the QSR scoring protocol does not assess whether or not narrative summaries accompany the ANSA numeric ratings; the text about the narrative summaries is information provided in each Center’s report as an observation only.

DHHS' observations on the presence of narrative accompanying the numeric scores is not in reference to a specific standard or requirement specific to ANSA. DHHS also noted that in the observation process, text which repeats the definition of the score is not considered narrative. For example, an ANSA Score of 2 accompanied by text such as "watchful waiting" or other text aligning with the definition of the score was not considered as narrative when the observations were made resulting in the text found in this report.

- On page 21, SMHC was referred to as CLM. This error was corrected for the final report. Subsequent text in the narrative refers to SMHC QSR data.
- SMHC disputed the scoring found on page 39, Measure 17c, regarding ACT services provided in the community, and submitted additional information to support their request. Specifically:
 1. SMHC asked whether the seven "Yes" responses and five "No" responses for Measure 17c were correct since in the "Additional Results" narrative, data had been provided in the last bullet indicating that 11 "Yes" responses and one "No" response would be more accurate. SMHC also replicated DHHS' clinical record review and found the same results as DHHS, that 11 of 12 ACT participants had 60% or more of their services in the home or community. DHHS indicated in a phone call with SMHC on February 19, 2020 that the yes/no response in the initial report was correct and that it was based upon a review of the clinical record, which did indicate that 11 of the 12 clinical records contained documentation that 60% or more of the ACT services were being provided in the community, but it also reflects responses from ACT participants and staff regarding where the individual receives most of his/her services. DHHS explained that the data collected from the clinical record only looks at one month of ACT services, whereas in the interviews, DHHS asks for the individual's and staff's experience in the past 12 months. Additionally, DHHS does not total the individuals together and then compute an average; each individual is scored individually for the measure. When the clinical record and interview responses were analyzed, the scores were as indicated based upon the additional data of five individuals and two staff reporting most ACT services being provided in the office during the past year.

2. DHHS acknowledged in the initial QSR report that three individuals and one staff indicated in their interview responses a preference to meet in the office. Although DHHS is collecting this information, if provided, during the QSR process, it is not currently a data point used in the scoring protocol. For parity between all the Centers, DHHS cannot change the methodology of the review process at this time, but the ACT participant's preference for meeting location will be reviewed for consideration for FY21 reviews.

The Department discovered and corrected the following information, neither of which impacted the findings or the scores otherwise described in this report:

- A data transfer error resulted in a miscount of the individuals who responded that they did not get all the employment related services needed listed in Figure 1, *Ability to Get All the Supports and Services Needed*, associated with Quality Indicator 3. Text introducing Figure 1 as well as Figure 1 itself on page 14 now correctly indicate that there were two, rather than seven, individuals who reported not receiving all the employment related services needed.
- In Appendix 4, *Agency Overview*, Dialectical Behavior Therapy (DBT) and In-SHAPE were included in the list of evidence-based programs that SMHC offers. Previously these programs had been listed separately as best practices.

References

1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20)
retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>
2. 28 C.F.R., Part 35, Section 130 and Appendix A
3. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”,
Rockville, Maryland, SAMHSA 2009
4. Temple University Collaborative on Community Inclusion, “Natural Supports”,
http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know that will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. An individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. Final questions invite staff to share additional information regarding the CMHC and the services provided to the individual.

7. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.

Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a									1b									1c			1d			
			Adequacy of Assessment	Assessments identify individual's needs and preferences										Assessments identify individual's strengths						Assessment information was gathered through face to face appointment(s)			Assessments and TX plans have adequately identified service needs					
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3		
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO		
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO		
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO		
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES		
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO		
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO		
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N	4	2		4Y/2N	5	1	1 YES=				
			NonACT= 75%																						5 No=			
			ACT= 83%																									

Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- | | |
|----|---|
| 7 | Effectiveness of the housing services provided (CMHA VII.A) |
| 7a | Housing Supports and services enable individual to meet/progress towards identified housing goals |
| 7b | Housing supports and services enable individual to maintain safe housing |
| 7c | Housing supports and services enable individual to maintain stable housing |
| 7d | Housing supports and services enable individual to be involved in selecting their housing |
| 7e | OCR Q9 Services are adequate to obtain and maintain stable housing |

EMPLOYMENT SERVICES AND SUPPORTS

- | | |
|-----|--|
| 8 | Adequacy of employment assessment/screening (CMHA VII.D.1) |
| 8a | Individual needs are adequately identified |
| 8b | Individuals received a comprehensive assessment of employment needs and preferences when applicable. |
| 9 | Appropriateness of employment treatment planning (CMHA V.F.1) |
| 9a | Treatment plans are appropriately customized to meet the individual's changing needs and goals |
| 10 | Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4) |
| 10a | Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs |
| 10b | Employment Services and supports are meeting individual's goals |

COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- | | |
|-----|---|
| 11 | Adequacy of Assessment of social and community integration needs (CMHA VII.D.1) |
| 11a | Assessment identifies individuals' related needs and preferences |
| 11b | Assessment identifies individuals' related strengths |
| 12 | Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4) |
| 12a | Individual is competitively employed |
| 12b | Individual lives in an independent residence |
| 12c | Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility |
| 12d | Individual is integrated in his/her community |
| 12e | Individual has choice in housing |
| 12f | Individual has choice in their treatment planning, goals and services |
| 12g | Individual has the ability to manage his/her own schedule/time |
| 12h | Individual spends time with peers and/or family |

12i	Individual feels supported by those around him/her
12j	Efforts have been made to strengthen social supports if needed
12k	OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration in to the community
12l	OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
12m	OCR Q13 Services are adequate to live in the most integrated setting
CRISIS SERVICES AND SUPPORTS	
13	Adequacy of crisis assessment (CMHA V.C.1)
13a	Assessment was timely
13b	Risk was assessed
13c	Protective factors were assessed
13d	Coping skills/interventions were identified
14	Appropriateness of crisis plans (CMHA VII.D.1)
14a	Individual has a crisis plan that is person centered
14b	Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
15	Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
15a	Communication with treatment providers was adequate
15b	Communication with individual was adequate
15c	Crisis service delivery is sufficient to stabilize individual as quickly as practicable
15d	Crisis interventions occur at site of the crisis (if applicable)
15e	Individual is assisted to return to his/her pre-crisis level of functioning
ACT SERVICES AND SUPPORTS	
16	Adequacy of ACT screening (CMHA VII.D.1)
16a	ACT screening was completed
16b	Individual receives ACT services when appropriate
17	Implementation of ACT Services (CMHA V.D.2.b; V.D.2.c)
17a	ACT services are delivered at appropriate intensity, frequency, and duration
17b	ACT services are provided using a team approach
17c	ACT services are routinely provided in the home/community
17d	ACT team collaborates with community providers
IPA TRANSITION/DISCHARGE	

- | | |
|-----|--|
| 18 | Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7) |
| 18a | Individual was involved in the discharge planning process |
| 18b | There was In-reach by the community mental health center |
| 18c | Individual returned to appropriate housing |
| 18d | Service provision has the outcome of increased community integration |
| 18e | Coordination of care |
| 18f | Absence of 90 day readmission to an inpatient psychiatric facility |
| 18g | OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization |

Appendix 4: Agency Overview

Seacoast Mental Health Center (SMHC) was established in 1963 as a community-based mental health provider serving the needs of children, adolescents, adults and their families. SMHC is approved from September 1, 2015 through August 31, 2020 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. SMHC is designated a CMHP for Region 8 which encompasses 24 cities and towns within Rockingham County.

SMHC has offices in Portsmouth and Exeter that serve adults with severe (SMI) or severe and persistent mental illness (SPMI). SMHC provides a range of services including intake assessment services, psychiatric diagnostic and medication services, psychiatric emergency services, targeted case management services, individual, group, and family psychotherapy. SMHC's Evidenced Based Practices (EBPs) include Assertive Community Treatment (ACT), "Career Focus" Supported Employment (SE), Illness Management and Recovery (IMR), Eye Movement Desensitizing and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Substance Use Disorder/Medication Assisted Treatment (SUD/MAT), Motivational Interviewing (MI), Integrated Treatment for Co-Occurring Disorders (ITCOD-SUD) for persons with co-occurring Mental Illness and Substance Use, Dialectical Behavior Therapy (DBT) and the In-SHAPE health mentoring and development program designed to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness. Additionally SMHC offers "Survivor Skills for Healthy Families" a group treatment for pregnant and parenting women with SUD, Cognitive Processing Therapy for treatment of Post-Traumatic Stress Disorder and Zero Suicide complemented by CBT for Suicidality. In the last year SMHC implemented Open Access scheduling in order to improve efficiency, staff productivity and satisfaction, reduce critical service wait times, and strengthen client engagement.

SMHC has an eight-bed licensed community residence, Fairweather Lodge in Greenland NH, for adults with disabling mental illnesses. Additionally in-home supportive services are provided to individuals in Adult Services Program who require that level of care.

SMHC provides psychiatric emergency assessment and outreach services at community locations. SMHC Emergency Services clinicians provide 24-hour crisis evaluation assessments

at Exeter Hospital's Emergency Department (ED) and SMHC psychiatrists and APRNs provide consultation to patients on the medical floors or in the ED who are in need of psychiatric evaluation. A SMHC APRN is providing psychiatric coverage & stabilization services at Exeter Hospital's emergency department to reduce the need for hospitalizations.

In the SMHC catchment area, Portsmouth Regional Hospital (PRH), in Portsmouth, has a 30-bed psychiatric unit including a 16-bed Designated Receiving Facility (DRF) for individuals requiring involuntary treatment. PRH has a five bed psychiatric emergency department and employs a Psychiatric and Referral Services (PARS) team to conduct emergency psychiatric assessments and crisis services. SMHC ACT staff have limited privileges at PRH to assist with conditional discharge revocations.

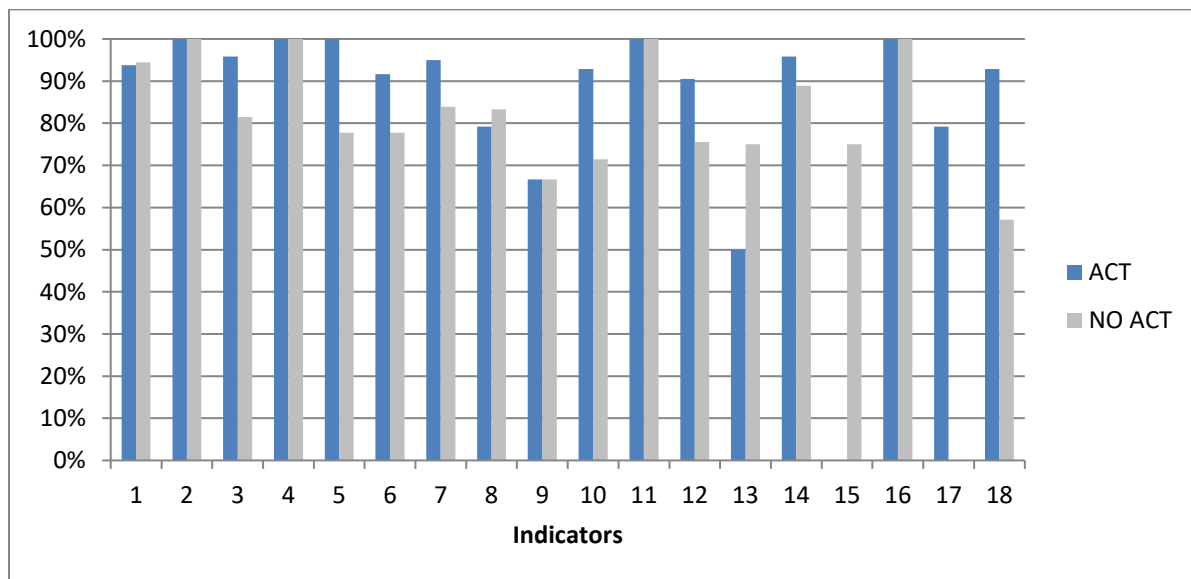
Appendix 5: Year-to-Year Comparison

Indicator	SFY 18	SFY 19	SFY 20	3-Year Overall Change
1. Adequacy of Assessment	84%	93%	94%	10%
2. Appropriateness of treatment planning	89%	90%	100%	11%
3. Adequacy of individual service delivery	91%	79%	90%	-2%
4. Adequacy of Housing Assessment	100%	100%	100%	0%
5. Appropriate of Housing Treatment Plan	84%	86%	90%	6%
6. Adequacy of individual housing service delivery	82%	87%	86%	3%
7. Effectiveness of Housing supports provided	75%	85%	90%	15%
8. Adequacy of employment assessment/screening	76%	71%	81%	5%
9. Appropriateness of employment treatment planning	50%	77%	67%	17%
10. Adequacy of individual employment service delivery	53%	75%	82%	29%
11. Adequacy of Assessment of social and community integration needs	100%	100%	100%	0%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	82%	85%	84%	2%
13. Adequacy of Crisis Assessment	65%	63%	58%	-7%
14. Appropriateness of crisis plans	79%	98%	93%	14%
15. Comprehensive and effective crisis service delivery	75%	63%	75%	0%
16. Adequacy of ACT Screening	100%	100%	100%	0%
17. Implementation of ACT Services	71%	67%	79%	8%
18. Successful transition/discharge from the inpatient psychiatric facility	77%	73%	86%	9%
AVERAGE:	80%	83%	86%	7%

Shaded cells indicate areas that required a QIP in the corresponding year

Appendix 6: ACT vs Non-ACT Indicator Scores

Indicator #	Total N		ACT	ACT N	NO ACT	NO ACT N	Difference:
1	21	Adequacy of Assessment	94%	12	94%	9	-1%
2	21	Appropriateness of treatment planning	100%	12	100%	9	0%
3	21	Adequacy of individual service delivery	96%	12	81%	9	14%
4	21	Adequacy of Housing Assessment	100%	12	100%	9	0%
5	21	Appropriateness of Housing Treatment Plan	100%	12	78%	9	22%
6	21	Adequacy of individual housing service delivery	92%	12	78%	9	14%
7	21	Effectiveness of Housing supports provided	95%	12	84%	9	11%
8	21	Adequacy of employment assessment/screening	79%	12	83%	9	-4%
9	9	Appropriateness of employment treatment planning	67%	3	67%	6	0%
10	14	Adequacy of individual employment service delivery	93%	7	71%	7	21%
11	21	Adequacy of Assessment of social and community integration needs	100%	12	100%	9	0%
12	21	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	91%	12	76%	9	15%
13	3	Adequacy of Crisis Assessment	50%	2	75%	1	-25%
14	21	Appropriateness of crisis plans	96%	12	89%	9	7%
15	1	Comprehensive and effective crisis service delivery	N/A	0	75%	1	N/A
16	21	Adequacy of ACT Screening	100%	12	100%	9	0%
17	12	Implementation of ACT Services	79%	12	N/A	0	N/A
18	5	Successful transition/discharge from the inpatient psychiatric facility	93%	4	57%	1	36%



Appendix 7: Overall Client Review (OCR)

OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

OCR Q1	Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q3
OCR Q2	What is not consistent with the individual's demonstrated need? Please provide justification for your response. <input type="text"/>
OCR Q3	Does the individual receive all the services he/she needs, and if not, have the needs at least been identified in either assessments or addressed in case management and/or treatment plans? Yes or No? <input type="checkbox"/> If YES, Skip to OCR Q5
OCR Q4	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q5	Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q7
OCR Q6	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q7	Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q9
OCR Q8	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q9	Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q11
OCR Q10	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q11	Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q13
OCR Q12	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q13	Is the individual receiving adequate services to live in the most integrated setting? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Completion Tracking Chart
OCR Q14	What additional services are needed? Please provide justification for your response. <input type="text"/>